UNFADING INK-THIS IS

PHYSICIANS should state of OCCUPATION is very

Exact statement

properly classifled.

AGE

carefully supplied.

DEATH in plain terms, so that it m See instructions on back of certificate.

Every Item of Information should be GAUSE OF DEATH in plain terms, s

N. B.

important.

RECORD

PERMANENT stated EXACTLY.

WRITE PLAINLY, WITH

02

1 PLACE OF DEATH

15593

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No

St.;....Ward)

Ilf death occurred in a hospital or institution, give its NAME instead ot street and number.]

	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE	OF DEATH
SEX	4 COLOR OR RACE SINGLE, MARRIED, WIDDWED, DRDIVDRCED (Write the word)	16 DATE OF DEATH XX No. (Month)	(Day (Year)
DAT	E OF BIRTH	17 I HEREBY CERTIFY, Tha	t I attended deceased from
	(Month) (Day (Year)	that I last saw her alive on her	3 7 , 1913.
AGE) ½ 1 day,hrs.	and that death occurred on the date state. The CAUSE OF DEATH * was as follows:	
(a) Tr	UPATION ade, profession, or Hacese wef		
(b) Ge busines	eneral nature of industry, ss, or establishment in employed (or employer)	(Duration)	yrs mos 1 4 ds.
BIRT (S	THPLACE tate or country)	Contributory	***************************************
10 NAME OF FATHER See OSCILLA OF FATHER (State or country) 12 MAIDEN NAME		(Signed) . he Swith	ic mos ds. ic n. D. er(quel pur
		*State the DISEASE CAUSING DEATH, CAUSES, state (1) MEANS OF INJURY; TAL, SUICIDAL, OF HOMICIDAL.	or, in deaths from Violent and (2) whether Acciden-
1	3 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITAL OR RECENT RESIDENTS) At place In the ot death	
	E ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE OTHERIT)	Where was disease contracted, If not at place ot death? Former or usual residence	
5	(Address). Roe Jaice his	19 PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Filed.		WR Phubh	ADDRESS



[Approved by U. S. Census and American Public Health Association.]

been changed or given up on account of the nisease should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Mauager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional liue is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer: applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman," (d)

pneumonla"); Lobar pneumonia; Bronchopncumonia icsis of lungs, brospinai meningitis"); Diphtheria (avold use of fover (the only definite synonym is "Epidemic cereterm for the same disease. Examples: Cerebrospinal time and causation), using aiways the same accepted CAUSING DEATH (the primary affection with respect to ("Pncumonia," Statement of cause of death-Name, first, the nisease Typhoid meninges, peritonaeum, etc., unqualified, is indefinite): Tubercufever (never report "Typhoid Carcin-

> valvular heart disease; Chronic interstitial nephritis naut neoplasms); Measles; Whooping cough; Chronie cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Canmia," "PUERPERAL peritonitis," etc. etc., when a definite disease can be ascertained as the mus," "Oid Age," "Shock," "Uraemla," "Weakness," thenia," "Auaemia" (merely symptomatic), "Atrophy," ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skuli, and consequences (e. g., by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify us which surgical operation was undertaken. For viochildbirth or miscarriage as "Puerperal septichae-"Heart failure," "Haemorrhage," "Juanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. affection need not be stated unless important. The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; (Recommendations on statement of State cause for Never report



PHYSICIANS statement ENT PERMAN AGE may I of Info OF Every Item CAUSE OF Important.

Instruc

m

state Very

OCCUPATION IS

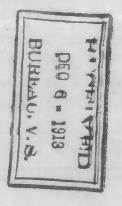
STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. lif death occurred in St.:....Ward) a hospital or institution, give its NAME instead ot street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RACE (Month) (Day) (Write the word) I HEREBY CERTIFY. That I attended deceased from E OF BIRTH (Month) It LESS than 7 AGE and that death occurred on the date stated above, at 1 day,.....hrs. 6 OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry. business, or establishment in which employed (or employer) Contributory 9 BIRTHPLACE (Secondary) (State or country) 10 NAME OF FATHER PARENTS 11 BIRTHPLACE OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-TAL, SUICIDAL, OF HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS. OR RECENT RESIDENTS) 13 BIRTHPLACE At piace in the OF MOTHER (State or country) of death yrs. mos. ds. State yrs. mos. Where was disease contracted. if not at place of death? usuai residence. DATE OF BURIAL 15 ADDRESS REGISTRAR If more blanks are needed, address State Regls trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not paid Housekeepers minc, etc. Women at home, who are engaged in the "Manager," "Dealer," etc., without more precise speci-(a) Spinner, (b) Cotton mill; (a) Salesman, Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; the nature of the business or indust, y, and therefore an cases, especially in industrial employments, it is necwho have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite saiary), may be entered as fication, as Day laborer, Farm laborer, Laborer-('oal statement. material worked on may form part of the second it should be used only when needed. essary to know (a) the kind of work and also (b) Civil engineer, Stationary fireman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age tion is very important, so that the relative healthfui-For many occupations a single word or term on the ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," Salcsman, As examples "Foreman," (%)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphiheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

such, if impossible to determine definitely. childbirth or miscarriage, as "l'ueeperal septichaeture of the American Medicai Association.) cause of death approved by Committee on Nomencla "Contributory." sepsis, tctanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train—acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY, and qualify as which surgical operation was undertaken. etc., when a definite disease can be ascertained as the -Hart failure," "Haemorrhage," "Inanition," "Maras "Collapse." "Coma," "Convultions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 ds. affection need not be stated unless important valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of ... mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report is less definite; avoid use of "Tumor" for mails. The contributory (secondary or intercurrent) "Puerperal peritonitis," etc. "Old Age," "Shock." 'Traemia," "Weakness," Always qualify all diseases resulting from "Senile," etc.), may be stated under the head (Recommendations on statement of "Dropsy," "Exhaustion," _ (name origin; "Can-State cause Examples: 20



V. S. No.

Z. B.

	RECORD	PHYSICIANS should state of OCCUPATION IS very
MARGIN RESERVED FOR BINDING	WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	-Every Item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.
No		HOF.

15595

1 PLACE OF DEATH

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 210

....Ward)

[If death occurred in a hospital or institution, give Its NAME Instead of street and number.]

FOLL NAME	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Female White Single, MARRIED, Manuel ORDIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended deceased from
(Month) (Day (Year)	that I last saw h 22 alive on Oct 24 1913
⁷ AGE If LESS than	and that death occurred on the date stated above, at 5 2 m
76 yrs 0 mos 0 ds. 0R min.?	The CAUSE OF DEATH * was as follows:
(a) Trade, profession, or particular kind of work. House - wife	Chrone Buterstelial Nephontes
(b) General nature of Industry, business, or establishment in which employed (or employer)	(Duration) do met how de
State or country) many land	ContributorySecondary
10 NAME OF Louis Bosber	(Signed) Usano M. D.
11 BIRTHPLACE OF FATHER (State or country) Mary Land	*State the Disease Causing Death, or, in deaths from Violent
12 MAIDEN NAME Many Raffel	TAL, SUICIDAL, OF HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country) Manyland	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs, mos, ds. State yrs, mos, ds
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
(Informant) facces in Bortes	Former or usual residence
(Address) Lay lows wille mid	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
15	Laytons welle Cerelly 200122, 1913
Filed NOV 2 1, 1812 TAPYSON RECISTRAR	20 UNGERTAKER Jumes Laylousuils

If more blanks are needed, address State Registrar, 6 E. Franklin St., Baito., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

applies to each and every person, irrespective of age. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nection is very important, so that the relative healthfulcated thus: Farmer (retired 6 yrs.) For persons should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. the nature of the business or industry, and therefore an Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question who have no occupation whatever, write None. CAUSINO DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as who receive a definite salary), may be entered as material worked on may form part of the second Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return (b) Cotton mill; (a) Salesman, "Laborer," As examples: "Foreman," (6)

Statement of cause of death—Name, first, the disease causino death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercucisis of lungs, meninges, peritonaeum, etc., Carcin

affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligsuch, if impossible to determine definitely. Examples: mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichacetc., when a definite disease can he ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Mcastes (disease causing death), 29 ds.; oma, Sarcoma, etc., of...... (name origiu; "Cancause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head of "Contributory." (Recommendations on statement of injury, as fracture of skull, and consequences (e. g., ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For vioture of the American Medical Association.) by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-The contributory (secondary or Intercurrent) Always qualify all diseases resulting from "Exhaustion,"

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

DEC 4 1013



ż

0 0

PHYSICIANS shoul PERSONAL AND STATISTICAL PARTICULARS 3 SEX 4 COLOR OR RACE 5 SINGLE, 16 DATE OF DEATH MARRIED. WIDOWED, (Write the word) (Month) DATE OF BIRTH classified. (Day (Year) 7 AGE If LESS than 1 day. hrs. OR min. ? properly 8 OCCUPATION (a) Trade, profession, or particular kind of work pe (b) General nature of industry, business, or establishment in may (Duration) which employed (or employer) 9 BIRTHPLACE (State or country) Contributory. certificat Secondary 10 NAME OF FATHER 0 of back 11 BIRTHPLACE PARENT OF FATHER (State or country) 12 MAIDEN NAME plain Instructions OF MOTHER OR RECENT RESIDENTS) 드 13 BIRTHPLACE At place OF MOTHER (State or country) of death yrs. mos. ds. DEATH Where was disease contracted. if not at piace of death?... Former or OF usual residence. mportant. 19 PLACE OF BURIAL OR REMOVAL Every 15 20 UNDERTAKER 0

15596

1 PLACE OF DEATH

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

St :----Ward)

Tif death occurred in a hospital or Institution. give its NAME Instead of street and number. I

MEDICAL CERTIFICATE OF DEATH (Day (Year) I HEREBY CERTIFY, That I attended deceased from and that death occurred on the date stated above, at. The CAUSE OF DEATH* was as follows: Cer Ebrah Hemmanhage *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS. State yrs. ____ mos.

ADDRESS

DATE OF BURIAL

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

[Approved by U. S. Census and American Public Health Association.]

additional line is provided for the latter statement; applies to each and every person, irrespective of age. cated thus: should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, c. g., Farmer or Planter, ness of various pursuits can be known. The question tion is very important, so that the relative healthful-CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as who receive a definite salary), may be entered as Civil engineer, Stationary fireman, etc. But in many who have no occupation whatever, write None. Housewife, Housework, or At Home, and children, not (a) Spinner, (b) Cotton mill; (a) Salesman, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons "Foreman,"

Statement of cause of death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopncumonia ("Pneumonia," unqualified, is indefinite): Tuberculcesis of lungs, meninges, peritonacum, etc., Carcin-

ample: Measics (disease causing death), 29 ds.; valvular heart disease; Chronic interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronie cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (c. g., dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICINAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichacctc., when a definite disease can be ascertained as the mns," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. affection need not be stated unless important. by earbolic acid-probably suicide. The nature of the Aceidental drowning; Struck by railway train—acci-The contributory (secondary or interent) tctanus) Always qualify all diseases resulting from (Recommendations on statement of may be stated under the head State cause for Never report For vio-10



1 PLACE OF DEATH state PHYSICIANS should of OCCUPATION IS County. Village or City RECORD Exact statement PERSONAL AND STATISTICAL PARTICULARS PERMANENT EXACTLY. 3 SEX 5 SINGLE, DATE OF BIRTH properly classifled. 4 (Month) S TAGE pinous UNFADING INK-THIS AGE BOCCUPATION (a) Trade, profession, or particular kind of work. supplied. (b) General nature of Industry, business, or establishment in which employed (or employer) may certificate. 9 BIRTHPLACE (State or country) Carefully that it 10 NAME OF FATHER 80 0 WITH terms, s PARENTS 11 BIRTHPLACE pinoda OF FATHER (State or country) 0.0 PLAINLY, 12 MAIDEN NAME DEATH in plain See instructions OF MOTHER Information 13 BIRTHPLACE OF MOTHER (State or country) WRITE of Every item CAUSE OF Important. (Address).

15597

MARRIED. WIDOWED,

ORDIVORCED (Write the word)

(Day

(Year)

If LESS than

1 day,.....hrs.

REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist, No.

St.;.....Ward)

[If death occurred in a hospital or Institution, give its NAME Instead

call			and number.]
MEDICAL	CERTIFICATE C	F DEATH	
16 DATE OF DEATH	mor	5	, 1913
	(Month)	(Day	(Year)
m-	CERTIFY, That	l attended d	eceased from
1001, 19	I.C., to	M J	191.3.
that I last saw haudali	ve on A	~ S	, 1913.
	- 45 - 4-44-4-		11420
and that death occurred o		d above, at	
The CAUSE OF DEATH*	/ 0 -	- H .	
Csidia	L. SA	anna)
		~~~~	
<u> </u>	011100000000000000000000000000000000000	***********	
	(Duratien)	yrs	mas 47 d
	0		,1005
Contributory Secondary	lusn	wy	************
Tuberlines	(Duration)	1 Pere	.mosd
Plan 141	July 1	0	
(Signed)	N ASC	7)	, М.
Dur 7 , 1913 (1	Address) Low	Genel	4
*State the DISEASE C. CAUSES, state (1) MEAN TAL, SUICIDAL, OF HOMIC	AUSING DEATH, O	r. in deaths	from Violes
18 LENGTH OF RESIDEN	E FOR HOSPITAL	s, Institution	, TRANSIENT
OR RECENT RESIDENTS)	In the		
of death yrs mos.		yrs	. mos d
Where was disease contracted,			
If not at place of death?		9****************	******************
Former or usual rosidence			
19 PLACE OF BURIAL OR	REMOVAL	DATE OF	BURIAL
Beallenle	le Cemele	1. n.	2 2 1913
20 UNDERTAKER	1	ADDRESS	

No. 702

M

ż

15

[Approved by U. S. Census and American Public Health Association.]

cated thus: causing neath, state occupation at beginning of illshould be taken to report specifically the occupations duties of the household only (not paid Housekeepers mine, etc. "Manager," "Dealer," etc., without more precise specistatement. the nature of the business or industry, and therefore an who have no occupation whatever, write None. been changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applles to each and every person, irrespective of age. ness of various pursuits can be known. The question tiou is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indl-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death—lineary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only defiulte synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculcisis of lungs, meninges, peritonacum, etc., Carcin-

ture of the American Medical Association.) cause of death approved by Committee on Nomencla injury, as fracture of skull, and cousequeuces (e. such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as childbirth or miscarriage as "Puerperal septichae etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Heart failurc," "Haemorrhage," "Inanition," "Marasgenital," "Collapse," "Coma," "Convulsions." "Debllity" ("Conthenia," "Auaemla" (mcrely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, mant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Can-"Contributory." by carbolic acid-probably snicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. Bronchopneumonia (secondary), 10 ds. Never report is less definite; avoid use of "Tumor" for malig The contributory (secondary or intercurrent) "PUERPERAL peritonitis," tctanus) Always qualify all diseases resulting from "Seuile," etc.), "Dropsy," "Exhaustion," may be stated under the head (Recommendations on statement of (disease causing death), 29 ds.; "Uraemia," "Weakness," etc. State cause for For vio-



BINDING FOR RESERVED MARGIN

No.

02

PERMANENT 4 IS UNFADING INK-THIS

of OCCUPATION IS RECORD statement EXACTLY. Exact classified. pe pinous properly AGE supplied. pe may of certificate. carefully that it 80 WRITE PLAINLY, WITH pe on back terms. should plain See instructions Information of Informati CAUSE OF Important. m ż

state Very

Village or City

8 DATE OF BIRTH

BOCCUPATION (a) Trado, protession, or particular kind of work...

(b) General nature of industry, business, or establishment in

which omployed (or employor)

9 BIRTHPLACE (State or country)

(Interment).

(Address)

13 BIRTHPLACE OF MOTHER (State or country)

3 SEX

TAGE

PARENTS

15

PLACE OF DEATH 15598	STATE OF MARYLAND
my montgoment	CERTIFICATE OF DEATH
Bullela	Registration Dist, No. 2//
age or City (No,	St.; Ward) [It death occurred in a hospital or institution, give its NAME instead
2 FULL NAME PErse & C	Okinsbell. of street and nomber.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Yale. Color of RAGE Single, MARRIED, WIDDWED, ORDIVORCED (Write the word)	16 DATE OF DEATH // 5 ,1913 (Month) (Day (Year)
TE OF BIRTH (Month) (Day (Year)	17 I HEREBY CERTIFY, That I attended deceased from 26, 1913, to 200. 6 , 1913, that I last saw has allow on 200. 3 , 1913.
tt LESS than 1 day,	and that death occurred on the date stated above, at 3 a m. The CAUSE OF DEATH* was as follows: Whereular vulningsts
Trado, protession, or licular kind of work	
General nature ot industry, ness, or establishment in th omployed (or employer)	(Duration)
State or country) Manhand	Secondary
10 NAME OF Edward, Campbell	(Signed) A Course M. D. W. D.
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME 12 MAIDEN NAME	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
OF MOTHER OF COLOR FIDE ASSUME	18 FNATH OF PERIPPOSE (FAR HARMAN

OR RECENT RESIDENT	ENCE (FOR HO	SPITALS, INS	STITUTIONS,	TRANSIE	NTS
At place		in the			
ot death yrs	mos, ds.	State	yrs,	mos.	. ds

Where was disease contracted.

if not at place of death?-Former or

usual rosidence.

OF BURIAL OR REMOVAL DATE OF BURIAL

20 UNDERTAKER

ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

EST OF MY KNOWLEDGE

[Approved by U. S. Census and American Public Health Association.]

Scrvant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speci-(a) Spinner, (b) Cotton mill; (a) Salesman, (b) Groccry; (a) Foreman, (b) Automobile factory. The the nature of the business or industry, and therefore an who have no occupation whatever, write Nonc. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease of persons engaged in domestic service for wages, as who receive a definite salary), may be entered as statement. material worked on may form part of the second it should be used only when needed. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never Farmer (retired 6 yrs.) For persons return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid deumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, pertionaeum, etc., Carcin-

injury, as fracture of skull, and consequences (e. g., mia," "PUERPERAL peritonitis," etc. State cause for mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." scpsis, tctanus) may be stated under the head of by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. childbirth or miscarriage as "Puerperal septichaectc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," Bronchopneumonia (secondary), 10 ds. Never report oma, Sarcoma, etc., of...... (name origin; "Can-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of



S. No. 1.

Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. RECORD PERMANENT V WRITE PLAINLY, WITH UNFADING INK-THIS IS AGE N. B.—Every Item of Information should be CAUSE OF DEATH in plain terms, s

1 PLACE OF DEATH monegan

15599

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

St .: .Ward)

[if death occurred in a hospital or institution, give its NAME instead of street and number.]

	FULL NAME Many Curtur	
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
File	4 COLOR OR RACE 5 SINGLE, MARRIEO, WIGOWED, ORDIVORCEO (Write the Word)	(Month) (Day (Year)
6 DAT	(Month) (Day (Year)	that I last saw has aline on 20 191
(a) Ti	(2007)	and that death occurred on the date stated above, at 9 A m The CAUSE Of DEATH* was as follows:
(b) G busine which	eneral nature of industry, ss, or establishment in employed (or employer) THPLACE State or country)	Contributory Twice Subselify, Secondary
ENTS	O NAME OF FATHER I BIRTHPLACE OF FATHER (State or country) I claud 2 MAIDEN NAME OF MOTHER	(Signed) (Address) (Address) (State the Disease Causing Death, or, in deaths from Violental, Suicidal, or Homicidal.
1	3 BIRTHPLACE OF MOTHER (State or country) E ABOVE IS TRUE TO THE BEST OF MY KNOWLE GE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) At place in the of death yrs, mos. ds. State yrs, mos, ds. Where was disease contracted, it not at place of death?
(in	(Address). Red week hid	Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 20 UNDERTAKEN ADDRESS
	REGISTRAR	trar, G E. Franklin St., Balto, Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cases, especially in industrial employments, it is necgainfully employed, as At school or At home. Care mine, etc. "Manager," "Dealer," etc., without more precise specification as Day Taborer, Farm laborer, Laborer—Coal statement. Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as dutics of the household only (not paid Housekeepers material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman," The (b)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercu-lcsis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of..... (name origin; "Can-"Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF IN AY and qualify as mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichacetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Wcakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anacmia" (merely symptomatic), "Atrophy," merc symptoms or terminal conditions, such as "As-Bronehopneumonia (secondary), 10 ds. affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, cer" is less definite; avoid use of "Tumor" for maligture of the American Medical Association.) cause of death approved by Committee on Nomenclaby earbolic acid-probably suicide. The nature of the ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. For vio-The contributory Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; (Recommendations on statement of (secondary or intercurrent) "Dropsy," "Exhaustion," State cause for Never report



PHYSICIANS should of OCCUPATION IS PERMANENT classified. should properly AG pe supplied. UNFADING may 80 WITH plain Instructions C P of Inford WRITE Item OF Important. ы EVERY m

Z

monlgoner ilt death occurred in a hospital or institutico. give its NAME instead et street and number.] MEDICAL GERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 3 SEX 4 COLOR OR RACE MARRIED, married WIDOWED, (Month) (Day) (Write the word) I HEREBY CERTIFY, That I attended decessed from S DATE OF BIRTH (Month) (Day) (Year) TAGE It LESS than 1 dayhrs. BOCCUPATION (a) Trada, protession, or particular kind of work (b) General nature of industry. business, or establishment in which employed (or ampioyer) 9 BIRTHPLACE (State or country) Contributory (Secondary) 10 NAME OF FATHER 11 BIRTHPLACE ARENT OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER of death yrs. mos. State _____ yrs, ____ mos. Where was disease contracted. It not at place of death? Former or usual residenca DATE OF BURIAL 15 33 REGISTRAR if more blanks are needed, address State Reghtpar, 6 E. Franklin St., Balto. Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health
Association.]

"Manager," "Dealer," etc., without more precise speci-(a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: cated thus: Farmer (retired 6 yrs.). For persons of persons engaged in domestic service for wages, as duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative healthfulwho have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of Illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as minc, etc. statement. ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indl-Women at home, who are engaged in the Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the DIBEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphiheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

childblith or miscarriage, as "Turrerran scotichac etc., when a definite disease can be ascertained as the "Heart feilure," "Haemorrhage," "Inanition," "Marasample: Measles (disease causing death), 29 affection need not be stated unless important. nant neoplasms); Measles; Whooping cough; Chronic cause of death approved by Committee on Nomencla sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train—accisuch, if impossible to determine definitely. ACCIDENTAL, BUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. mia," "l'uerpenal peritonitis," etc. State cause for cause. mus," "Old Age," "Shock," "Traemia," "Weakness," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report valvular heart disease; Ohronic interstitial nephritis oma. Sarcoma. etc., of ture of the American Medicai Association.) "Contributory." LENT DEATHS State MEANS OF INJURY and qualify as is less definite; avoid use of "Tumor" for malls The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile." etc.), "Dropsy," (Recommendations on statement of _ (name origin : "Can-"Exhaustion," Examples:



T. S. No. 1.

N.B.

Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. RECORD PERMANENT 4 WRITE PLAINLY, WITH UNFADING INK-THIS IS

PLACE OF DEATH	15601
Montgomery	96/10 17

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration	Dist.	No. 2-2/

St.; .Ward) [it death occurred in a hospital or institution, give its NAME instead of street and number.]

Count Village or City near la laggettsvilleNo.

PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Males Color or RACE Single, MARRIED, WIDDWED, WIDDWED, ORDIVORCED	16 DATE OF DEATH Mov 37d, 1913 (Month) (Day) (Year)
DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended deceased from
Nov 37 1913	
(Month) (Day) (Year)	that I last saw h alive on, 191
It LESS than 1 day,hrs. ormin.?	and that death occurred on the date stated above, atm, The CAUSE OF DEATH* was as follows: Atell Borne
(a) Frade, profession, or None particular kind of work	**************************************
(b) General nature of Industry, business, or establishment In which employed (or employer)	(Ouration)yrsmosds.
BIRTHPLACE (State or country) Montgomery 6, md.	(Secondary)
10 NAME OF Repha Ryles 11 BIRTHPLACE	(Signed) J. Albert Nice , M. D. Nov. 4 12, 1913. (Address) 700. airy 711.
OF FATHER (State or country) Monlgonery 20. Md. 12 MAIDEN NAME OF MOTHER 12 7/ 1/2	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country) le arroll 60. 7Md.	16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs, mos, ds.
(Informant). Cate D NOW.	Where was disease contracted, If not at place of death? Former or usual residence.
(Address) Mt. airy Md.	Poplar Springs Centery nov. 4 1913
Filed Nov. 4 1913 Les M. Boyer	BUl Downard Mit Cein Yud

[Approved by U. S. Census and American Public Health Association.]

"Manager," "Dealer," etc., without more precise speciwho have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekcepers fication, as Day laborer, Farm laborer, Laborer-Coal statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question been changed or given up on account of the DISEASE mine, etc. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) essary to know (a) the kind of work and also (b) Physician, Compositor, Architect, Locomotive engineer, tion is very important, so that the relative mealthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid disease.); Tubercunonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

childbirth or miscarriage, as "Purrerral septichaeetc., when a definite disease can be ascertained as the inus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), ture of the American Medical Association.) cause of death approved by Committee on Nomenclainjury, as fracture of skuii, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. mia," "PUERPERAL peritonitis," etc. "Heart fallure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles (disease causing death), 29 valvular heart disease; Ohronic interstitial nephritis "Contributory." ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as affection need not be stated unless important. nant neoplasms); Measles; Whooping cough; Chronic zer" is less definite; avoid use of "Tumor" for maligoma. Sarcoma. etc., of ... Accidental drowning; Struck by railway train-acciwhich surgical operation was undertaken. For vio-Bronchopneumonia (secondary), 10 ds. Never report The contributory (secondary or intercurrent) tetanus) may be stated under the head of Always qualify all diseases resulting from (Recommendations on statement of "Dropsy," "Exhaustion," (name origin; "Can-State cause for Examples:

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

DEC 2 1913



No. 1.

RECORD PERMANENT Z

OCCUPATION 16 PHYSICIANS cla properly 90 back terms, plain of Information s DEATH in plain See Instructions Item OF Every Item CAUSE OF Important.

15602 STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No. 2 [If death occurred in St.:....Ward) a hospital or institution, give its NAME instead of street and number.] MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS S SINGLE. 3 SEX 4 COLOR OR RACE MARRIED. WIDOWED, (Month) (Write the word) I HEREBY CERTIFY, That I attended deceased from (Year) (Month) (Day) It LESS than 7 AGE and that death occurred on the date stated above, at 1 day,hrs. OR min. ? BOCCUPATION (a) Trade, profession, or particular kind of work... (b) General nature of Industry, business, or establishment in which employed (or employer) Contributory. 9 BIRTHPLACE (Secondary) (State or country) 10 NAME OF FATHER NOV 30, 1913 (Address) Daws 11 BIRTHPLACE FNT OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. AR 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER ot death yrs. mos. ds. State Where was disease contracted. It not at place of death? Former or usual residence. OF BURIAL OR REMOVAL DATE OF BURIAL 15 20 UNDERTAKER ADDRESS REGISTRAR If more blanks are needed, address State Regis trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of Illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise speciwho have no occupation whatever, write None. been changed or given up on account of the nisease Servant, Cook, Housemaid, etc. If the occupation bas gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as minc, etc. fication, as Day laborer, Farm laborer, Laborer-Coal statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer first line will be sufficient, e. g., applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Salcsman, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman." Farmer or Planter, For persons 9

Statement of cause of death—Name, first, the niseable causing death—In a feetion with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid memonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubereulosts of lungs, meninges, peritonacum, etc.. Carcinosts of lungs, meninges, peritonacum, etc.. Carcinosts

cause. Always qualify all diseases resulting from mus," "Old Age," "Shock." ture of the American Medical Association.) cause of death approved by Committee on Nomencla. "Contributory." sepsis, tetanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisucb, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage, as "Puerperal schiichae etc., when a definite disease can be ascertained as the "Hart failure," "Haemorrhage," "Inanition," "Maras genitai," "Senile." etc.), "Collapse." "Coma," "Convulzions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As ample: Measles (disease causing death), 29 ds.: affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic ter" is less definite; avoid use of "Tumor" for malls oma. Sarcoma. etc., of _ Bronchopncumonia (secondary), 10 ds. Never report The contributory (Recommendations on statement of may be stated under the head (secondary or intercurrent "Dropsy," "Exhaustion," "Traemia," "Weakness," (name origin; "Can-Examples:

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

1913



No. vi

8

ż

PERMANENT 4 NK UNFADING PLAINL Very

state PHYSICIANS should of OCCUPATION IS Village or City RECORD PERSONAL AND STATISTICAL PARTICULARS Exact statement EXACTLY. 5 SINGLE, 3 SEX 4 COLOR OR RACE MARRIED. WIDOWED, Write the word) 8 DATE OF BIRTH stated classified. (Day) (Month) (Year) pe It LESS than 7 AGE should 1 day, hrs. OR min. ? properly AGE BOCCUPATION (a) Trade, protession, or particular kind of work carefully supplied. pe (b) General nature of industry, business, or establishment in may which employed (or employer) certificate. 9 BIRTHPLACE (State or country) that It 10 NAME OF FATHER 90 be back 11 BIRTHPLACE terms, ARENT should OF FATHER (State or country) E0 12 MAIDEN NAME of information s OF MOTHER See Instructions 13 BIRTHPLACE OF MOTHER (State or country Item OF important. CAUSE 15

1 PLACE OF DEATH

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.22

.....Ward)

[It death occurred in a hospital or institution, give its NAME Instead of street and number. 7

RSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
4 COLOR OR RACE Single, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH Provided (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from
September 29, 1898 (Month) (Day) (Year)	Oct. 29, 1913, to 200. 26, 1913, that I last saw him alive on 200. 26, 1913
It LESS than 1 day,hrs. ORmin. ?	and that death occurred on the date stated above, at 8 30 pm. The CAUSE OF DEATH* was as follows: Manual Hemislegia
on ssion, or Prove	
ure of industry, stablishment in (or employer)	(Duration) yrs. mos. # ds.
Euntry) Maryland	Contributory (Secondary) (Duration)yrs. /mosds.
HPLACE	(Signed) Seo. M. Boyer, M. D. M. D. M. D. M. D. M. D.
FN NAME	*State the DISEASE CAUSING DEATH, or, In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
HPLACE OTHER OT COURTY, Maryland	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, or Recent Residents) At place in the of death
Montgomery Dunall	Where was disease contracted, If not at place of death? Former or usual residence.
sse F.D. Talthersburg md	Darrasees Genelery nov. 28 , 1913.
, 191 REGISTRAR	alex. G. Carlisle Gathery Md.

[Approved by U. S. Census and American Public Health Association.]

minc, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of Illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations "Manager," "Dealer," etc., without more precise speciwho have no occupation whatever, write None. been changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fleation, as Day laborer, Farm laborer, Laborer-Coal statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age ness of various pursuits can be known. The question (a) Spinner, (b) Cotton mill; (a) Salcsman, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the tion is very important, so that the relative mealthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," "Foreman," As examples: For persons

Statement of cause of death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic corebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosts of lungs, meninges, periionaeum, etc.. Carcin-

cause of death approved by Committee on Nomenclawhich surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "Turrereal scottchaccause. Always qualify all diseases resulting from mus," "Old Age," "Shock," 'Traemla," "Weakness," ample: Measles (disease causing sepsis, tctanus) by carbolic acid-probably suicide. The nature of the dent; Revolver wound of hand-homicide; Potsoned such, if impossible to determine definitely. LENT DEATHS State MEANS OF INJURY and qualify as etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras "Collapse." "Coma," "Convulsions," "Debility" ("Conthonla," "Anaemia" (merely symptomatic), "Atrophy," affection need not be stated unless important. nant neoplasms); Measles; Whooping cough; Chronic zer" is less definite; avoid use of "Tumor" for malig oma. Sarcoma. etc., of ... ture of the American Medical Association.) "Contributory." injury, as fracture of skull, and consequences (e.g., Accidental drowning; Struck by railway train—acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report valvular heart disease; Chronic interstitial nephritis The contributory (secondary or intercurrent) "Senile." etc.), may be stated under the head (Recommendations on statement of "Dropsy," "Exhaustion," (name origin; "Can State cause for death), 29 ds. Examples:

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

PACATIVED S 1918

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD MARGIN RESERVED FOR BINDING V. S. No. 1.

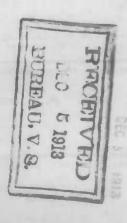
	PLACE OF DEATH 15604 unty Minty Manual Specific (No. 12) 2FULL NAME Charlotts V. Fa	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 2/7 [If death occurred in a hospital or institution, give its NAME instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 51	** Acolor or race Single, Married, Widowed, Orbivorced (Write the word)	16 DATE OF DEATH (Month) (Day (Year)
6 DA	// /5° ,1848	17 I HEREBY CERTIFY, That I attended deceased from 1 - 20 , 1910, to 1 - 20 , 1910, that I last saw h 2 alive on 1 20 , 1913.
(2)	(Month) (Day (Year) If LESS than 1 day,hrs. ORmin.?	and that death occurred on the date stated above, at 10 a m. The CAUSE OF DEATH* was as follows: The CAUSE OF DEATH* was as follows: Allsian Selennis:
bust	General nature of Industry, ness, or establishment in the employed (or employer) RTHPLACE (State or country) 10 NAME OF	(Duration) Jyrs. mos. ds. Contributory Acula Aculifation Secondary (Duration) yrs. mos. ds.
ARENTS	11 BIRTHPLACE OF FATHER (State or country) Ungmid 12 MAIDEN NAME SL DAG A	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL
4	13 BIRTHPLACE OF MOTHER (State or country) (State or country) (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs, mos ds. State yrs, mos ds
- 1	Informant) Allay Darguhan	Where was disease contracted, It not at place of death? Former or usual residence
15 File	(Address) Sandy Jung Ind 11-21- 1913 Bhos Fargular Recistran If more blanks are needed, address State Regist	19 PLACE OF BURIAL OF REMOVAL Presents Equatory 11-22, 1913. 20 UNDERTAKES Grange W. Bashel Brookeville, 16d trar, 6 E. Franklin St., Balto, Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

mine, etc. Women at home, who are engaged in the statement. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is necapplies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSINO DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the Housewife, Housework, or At Home, and children, not Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," As examples: "Foreman," (6)

Statement of cause of death—Name, first, the disease causino death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculcisis of lungs, meninges, peritonaeum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for mailg theuia," "Anaemia" (mcrely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asoma, Sarcoma, etc., of..... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skuli, and cousequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichacetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Couvulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. affection need not be stated unless important. The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; (Recommendations on statement of State cause for Never report



ONION 0 ARGIN

P S should RECORD PERMANENT cla properly supplied. pe UNFADING may certifical 80 50 back terms, pino plain instructions 5 I DEATI WRITE See 0 Item OF mportant. Every It

8

ż

state

1 PLACE OF DEATH maur

15605

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

St.:...Ward)

Ilf death occurred in a hospital or institution. give its NAME Instead of street and number.]

ADDRESS

Lacerta Francisco PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RACE 5 SINGLE. DATE OF DEATH MARRIEO. 1913. WIDOWED, Nuco-C (Month) (Day (Write the word) (Year) I HEREBY CERTIFY, That I attended deceased from 17 6 DATE OF BIRTH 191...]... to... that I last saw h.Mon ... alive on ... (Month) (Day (Year) 7 AGE If LESS than and that death occurred on the date stated above, at 1 day hrs. The CAUSE OF DEATH* was as follows: OR 7 BOCCUPATION (a) Trade, profession, or particular kind of work. mun (b) General nature of industry, business, or establishment in (Duration) which employed (or employer) BIRTHPLACE Contributory Secondary (State or country 10 NAME OF FATHER PARENTS 11 BIRTHPLACE OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL, OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER (State or country) Where was disease contracted. 14 THE ABOVE IS TRUE TO If not at place of death?.. usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 16

20 UNDERTAKER

If more blanks are needed address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

[Approved by U. S. Census and American Public Health Association.]

applies to each and every person, irrespective of age. gainfully employed, as At school or At home. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should he used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, ness of various pursuits can be known. The question tion is very important, so that the relative healthfulcated thus: CAUSINO DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers statement. Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has (a) Spinner, who have no occupation whatever, write None. Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) (b) Cotton mill; (a) Salesman, As examples: For persons "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pncumonia," unqualified, is indefinite): Tubereulessis of lungs, meninges, peritonaeum, etc., Carcin-

mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puenperal septiehaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inauition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic). "Atrophy," mere symptoms or terminal conditions, such as "As ample: Measles (disease causing death), 29 ds.; valvular heart disease; Chronie interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronie cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Cansuch, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify us which surgical operation was undertaken. For viogenital," "Senile," ctc.), "Dropsy," "Exhaustion," Bronchopneumonia (secondary), 10 ds. affection need not be stated unless important. cause of death approved by Committee on Nomencla-"Contributory." scpsis, tetanus) injury, as fracture of skull, and consequences (e. g., by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably ture of the American Medical Association.) The contributory (secondary or intercurrent) "Old Age," "Shock," "Uraemia," "Weakness," (Recommendations on statement of may be stated under the head State cause for Never report

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

DEC 4 181



UNFADING

PHYSICIANS Should of OCCUPATION IS PERMANENT proper supplied. certificat 50 back Instructions pial DEATH 6 Item OF mportant. CAUSE m

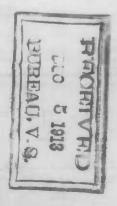
15606 STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No. Ilf death occurred in St.:....Ward) a hospifal or institution. give Ifs NAME Instead of street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 5 SINGLE. 16 DATE OF DEATH 4 COLOR OR RACE MARRIED, WIDOWED, (Month) (Day (Year) ORDIVORCED (Write the word) I HEREBY CERTIFY. That I attended deceased from 6 DATE OF BIRTH 191. Z. to. 1237 that I last saw h 2 allye on // - / Z -(Dav (Month) (Year) TAGE If LESS than and that death occurred on the date stated above, at & de, 1 day hrs. The CAUSE OF DEATH* was as follows: OR ...min. ? BOCCUPATION (a) Trade, profession, or parficular kind of work... (b) General nature of Industry, business, or establishment in which employed (or employer) BIRTHPLACE Contributory Secondary (State or country) 10 NAME OF FATHER 11 BIRTHPLACE (Address) PARENT OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME OF MOTHER BLENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS. OR RECENT RESIDENTS) 13 BIRTHPLACE Af place OF MOTHER (State or country) of death _____ yrs. ____ mos. ___ ds. State yrs. ____ mos. Where was disease contracted, THE BEST OF MY KNOWLEDGE if not at place of death? Former or (informant) usual residence. 19 PLACE OF BURIAL OR REMOVAL 20 UNDERTAKER ADDRESS If more blanks are needed, address State Registrar, 6 E. Franklin St., Palto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

fication as Day laborer, Farm laborer, Laborer-Coal it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulcated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, who have no occupation whatever, write None. Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never Farmer (retired 6 yrs.) For persons return "Laborer," As examples: "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time, and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avold use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercutesis of lungs, meninges, peritonaeum, etc., Carcin-

aant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canmia," "PUERPERAL peritonitis," etc. ctc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Meastes (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably childbirth or miscarriage as "Puerperal septichae-"Collapse," "Coma," "Convulsions," "Debility" ("Conture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJURY and qualify us which surgical operation was undertaken. For vio-"Heart failure," "Haemorrhage," "Inanition," "Maras-Brouchopneumonia (secondary), 10 ds. Never report The contributory Always qualify all diseases resulting from (Recommendations on statement of (secondary or intercurrent) State cause for



PERMANENT INK pino DEATH See 0 item OF mportant. ы Every

1	
- 1	
/	
1	
£.	
	ı
	1
	1
	1
	ı
	ı
	ı
	ı
	1
	1
	ı
	ı
	1
	ſ
	ŀ
	1
	ı
	ı
	ı
	1
	1
	ľ
	ľ
	ľ
	ľ
	D
	{

back instructions

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 2/7

St.:---Ward)

Ilf death occurred in a hospital or lostitution. give its NAME Instead ot street and number.1

forces PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RACE 16 DATE OF DEATH MARRIED, Suegla 191.3. (Month) (Dav (Write the word) (Year) I HEREBY CERTIFY. That I attended deceased from (Month) (Day (Year) TAGE If LESS than and that death occurred on the date stated above, at 1 day hrs. OR min. ? 8 OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry. business, or establishment in (Duration) which employed (or employer) BIRTHPLACE Contributory Secondary (State or country) 10 NAME OF FATHER ARENTS 11 BIRTHPLACE ... 191 3.. (Address) OFFATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS. OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER (State or country ot death yrs. mos. ds. State yrs. __ Where was disease contracted. If not at place of death? usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 16 Filed //-30 - 1913 ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

statement. cated thus: of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional live is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b)cases, especially in industrial employments, it is necapplies to each and every person, irrespective of age. ness of various pursuits cau be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the been changed or given up on account of the disease Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons "Foreman," The

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Tneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

thenia," "Anaemia" (merely symptomatic), "Atrophy," valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sareoma, etc., of...... (name origin; "Canmia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septiehae mus," "Old Age," "Shock," "Uraemia," "Weakness," gcnital," "Senile," etc.), affection need not be stated unless important. ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For vioetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. The coutributory Always qualify all discases resulting from Measles (disease causing death), 29 ds.; (Recommendations on statement of (secondary or intercurrent) "Dropsy," "Exhaustion," State cause for Never report



County Montgonery	STATE OF MARYLAND CERTIFICATE OF DEATH Registered No. 223
Village or City Vakoma (No. 922)	Musple Usest; Ward) [It death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE MARRIEO, Married MARRIEO, MA	16 DATE OF DEATH November 13, 1913. (Month) (Day) (Year)
DATE OF BIRTH DEburary 22, 1877 (Month) (Day) (Terr)	17 HEREBY GERTIFY, That I attended deceased from 15, 1913, to 2005, 13, 1913, that I just saw h & alive on 2005, 13, 1913
B6 yrs. 8 mos. 9 ds. or min.? B occupation (a) Trade, protession, or particular kind at work Tesselver of loss of figure from	and that death occurred on the date stated above, at 17.20 2m, The CAUSE OF DEATH* was as follows:
(b) General nature of industry, business, or establishment in which employed (or employer)	(Durafion) J. Jrs. mos
10 NAME OF FATHER State of Country) 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER	(Signed) (Si
13 BIRTHPLACE OF MOTHER (State or country) Roway	16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) Af place in the of death yrs, mos ds. Where was disease confracted.
(Address) Dakorus Park,	If not at place of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Filed Nov 14, 1913 C. C. Registran If more blanks are needed, address State Registran	John Dertaker Go ADDRESS 1837 10 st new work. 2 6
The state of the s	

[Approved by U. S. Census and American Public Health Association.]

the nature of the business or industry, and therefore an first line will be sufficient, e. g., Farmer or Planter, cated thus: Farmer (retired 6 yrs.). For persons of persons engaged in domestic service for wages, as (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers minc, etc. Women at home, who are engaged in the fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Civil engineer, Stationary freman, etc. But in many been changed or given up on account of the DISEASE Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the dibeable causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"): Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercubosis of lungs, meninges, peritonaeum, etc.. Carein-

ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably which surgical operation was undertaken. mia," "Tuerperal peritonitis," etc. childbirth or miscarriage, as "Purapural septicharetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrbage," "Inanition," "Maras. "Collapse." "Coma," "Convulsions," "Debility" ("Conthenla," "Annemia" (merely symptomatic), "Atrophy." mere symptoms or terminal conditions, such as "Asample: Measles (disease causing death), 29 affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough: Chronic oma. Sarcoma. etc., of . ture of the American Medical Association.) cause of death approved by Committee on Nomencia injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned Accidental drowning; Struck by railway train—accisuch, if impossible to determine definitely. LENT DEATHS state MEANS OF INJURY and qualify as Bronchopneumonia (secondary), 10 ds. Never report "Contributory." is less definite; avoid use of "Tumor" for mails The contributory tetanus) may be stated under the bead of Always qualify all diseases resulting from "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of (secondary or intercurrent) name origin: "Can State cause for Examples: For vio-



certificate.

jo

See instructions on back

Important.

0

ż

S. No.

15

(Address).

state

15699 1 PLACE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WICOWEO, ORDIVORCED (Write the word) DATE OF BIRTH (Month) (Day (Year) 7 AGE If LESS than 1 day hrs. 0 BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Industry, business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER PARENTS 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE

REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

Registration D	131, 110,
ed Vuelue	[it death occurred in a hospital or institution, give its NAME instead of street and number.]
MEDICAL CERTIFICATE	OF DEATH
16 DATE OF DEATH	2-1
(Month)	(Day (Year)
17 I HEREBY CERTIFY, Tha	
acq , 1913, to h	E181
that I last saw h alive on ho	- 3.0
	,191
and that death occurred on the date state	/
The CAUSE OF DEATH* was as follows:	
(arcura d	I
(access	
~~~~~~	**************************************
(Duration)	yrs. 4 mos ds
Contributory	
Secondary	·
(Quration)	yrs mos ds
(Signed) Os My Vin	thican M. D
1	ed rice hig
*State the Disease Causing Death, Causes, state (1) Means of Injury; Tal, Suicidal, or Homicidal.	or, in deaths from Violent and (2) whether Acciden
18 LENGTH OF RESIDENCE (FOR HOSPITAL OR RECENT RESIDENTS)	S, INSTITUTIONS, TRANSIENTS
At place In the	
ot death yrs mos ds. State	yrs ds
Where was disease contracted, It not at place of death?	
Former or usual residence	2000 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
19 PLACE OF BURIAL-OR REMOVAL	DATE OF BURIAL
Keed well mis.	hr 5 101 5
20 UNDERTAKER	ADDRESS
1. AZ 12. 1.	0 ,

[Approved by U. S. Census and American Public Health Association.]

gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; cases, especially in industrial employments, it is necapplies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulcated thus: should be taken to report specifically the occupations who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speciit should be used only when needed. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Physician, Compositor, Architect, Locomotive engineer, who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as (a) Spinner, Civil engineer, Stationary fireman, etc. But in many first line will be sufficient, e. g., For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salcsman, Farmer or Planter, As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

affection need not be stated unless important. mant neoplasms); Meastes; Whooping cough; Chronic valuular heart disease; Chronic interstitial nephritis, "Contributory." mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal scptichacetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Seuile," etc.), "Collapse," "Coma," "Convulsions," "Debility" ("Contheuia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As oma, Sarcoma, etc., of..... (name origin; "Cancause of death approved by Committee on Nomenclasepsis, tetanus) Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJURY and qualify as Bronchopneumonia (secondary), 10 ds. ture of the American Medical Association.) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. For viois less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; (Recommendations on statement of may be stated under the head "Dropsy," "Exhaustion," State cause for Never report Of



### PERMANENT INK UNFADING

SICIANS should PHYSICIANS classified. properly pe pisin Instructions c DEATH WRITE OF CAUSE

PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registered No. If death occurred in (No. ......Ward) a hospital or institution. give its NAME instead of street and number. 1 MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH BEFY 4 COLOR OR RACE 5 SINGLE. MARRIED. WIDOWED, (Month) (Write the word) 1 HEREBY CERTIFY. That I attended deceased from 6 DATE OF BIRTH 1831 (Year) (Month) (Day) 7 AGE If LESS than and that death occurred on the date stated above, st. 46 Pm. f day.....hrs. The CAUSE OF DEATH * was as follows: OR ..... ? BOCCUPATION (a) Frade, profession, or particular kind of work (b) General nature of Industry, business, or sstablishment in which smployed (or employer) ..... 9 BIRTHPLACE (State or country) 10 NAME OF BIRTHPLACE PARENT OF FATHER *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-TAL, SUICIDAL, OF HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER of death ...... yrs. ..... mos. ..... ds. State ...... yrs. ____ mos. Where was diseass contracted. KNOWLEDGE If not at placs of death?..... Former or usoal residence Important. DATE OF BURIAL (Address)

If more blanks are needed, address State Registrar, 6 . Franklik St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

of persons eugaged in domestic service for wages, as duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specistatement. Groccry; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in Industrial employments, it is necapplies to each and every person, irrespective of age tion is very important, so that the relative healthfulwho have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons ness. CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication, as Day laborer, Farm laborer, Laborer-Coal material worked ou may form part of the second (a) Spinner, (b) Cotton mill; (a) Salcsman, essary to know (a) the kind of work and also (b) Civil engineer, Stationary fireman, etc. But in many first line will be sufficient, e. g., For many occupations a single word or term on the ness of various pursuits can be known. The question been changed or given up on account of the DISEASE Physician, Compositor, Architect, Locomotive engineer, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," Farmer or Planter, (6)

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing disease, affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerchrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pheumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, ekc.. Carcinosis of lungs, meninges, peritonaeum,

injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemla," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," thenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. oma. Sarcoma. etc., of . The contributory (secondary or intercurrent) tetanus) may be stated under the head Always qualify all diseases resulting from (Recommendations on statement of (name origin; "Candeath), 29 Examples: For VIO-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

DEC 6



WRITE

SICIANS should occupation is RECORD PERMANENT THIS INK supplied. pe UNFADING carefully pino plain 2 of inform DEATH See Item OF mportant. Every It 0

1 PLACE OF DEATH 15611 state CERTIFICATE OF DEATH Registration Dist. No. St .: .....Ward) of street and number. ] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RACE S SINGLE. 16 DATE OF DEATH MARRIED, WIDOWED. (Month) ORDIVORCED (Write the word) (Day (Year) I HEREBY CERTIFY, That I attended deceased from DATE OF BIRTH (Month) (Day (Year) 7 AGE If LESS than and that death occurred on the date stated above, at 4/5 1 day ......hrs. The CAUSE OF DEATH * was as follows: OR ..... min. ? BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Industry, business, or establishment in (Duration) which employed (or employer) ...... certificate. BIRTHPLACE Contributory (State or country) Secondary (Duration) 10 NAME OF FATHER 00 back PARENTS 11 BIRTHPLACE (Address) **OF FATHER** (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME instructions OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER (State or country) of death ..... yrs. .... mos. ... _ ds_ State Where was disease contracted. If not at place of death?... Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 15 20 UNDERTAKER ADDRESS

STATE OF MARYLAND

Ilf death occurred io a hospital or institution. give Its NAME Instead

REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

# REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speciit should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursults can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSINO DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salcsman, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," As examples: "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhold pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

thenia," "Anaemia" (merely symptomatic), "Atrophy," valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Can-LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septiehaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. sepsis, tetanus) may be stated under the head of dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. Examples: "Heart failure," "Haemorrhage," "Inanition," "Marasture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train—acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably Bronchopneumonia (secondary), 10 ds. The contributory Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; (Recommendations on statement of (secondary or intercurrent) "Dropsy," "Exhaustlon," State cause for Never report



V. S. No. 1.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

1	AGE OF PEATH 15612	STATE OF MARYLAND CERTIFICATE OF DEATH
County	with wind or of	Registration Dist. No. 219
Village or C	LL NAME MANAGYS	St; Ward)  [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS		MEDICAL CERTIFICATE OF DEATH
SEX	ACOLOR OR RACE SINGLE, MARRIED, WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day), 1913.
6 DATE OF BIRTH  (Month) (Day) (Year)		17 I HEREBY CERTIFY, That I attended deceased from  NO. 1913, to NO. 1913, that I last saw h.w. alive on NO. 1913.
7 AGE	1 LESS than 1 day,hrs.	and that death occurred on the date stated above, at 11.45 Am. The CAUSE OF DEATH* was as follows:
8 OCCUPATION (a) Trade, profession, or particular kind of work.		Datula frant Lesion
(b) General nature of industry, business, or establishment in which employed (or employer)		(Duration) ds.
9 BIRTHPLACE (State or country)		(Secondary)  A Curition) yrs mos ds.
10 NAME (FATHE	Danie Danie	(Signed) / Tall & M. D.
11	Country) \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
MAIDEN OF MO	N NAME  THER	18 LENGTH OF RESIDENCE FOR HOSPITALS, INSTITUTIONS TRANSPORTE
13 BIRTHP OF MO (State or	THER \\	At place of death yrs mos ds. State yrs mos ds
(intermant)	IS TRUE TO THE DEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death?  Former or usual residence
Address	Tolomac Ned.	PPLACE OF BURNAL OR REMOVAL PATE OF BURNAL NO 22" 1813
Filed	more blanks are needed, address State Registrar, 6	Sand J. Brindy MADDRESS

# REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). (a) Spinner, (b) Cotton mill; (a) Salesman, who have no occupation whatever, write None. CAUSING DEATH, state occupation at heginning of ilibeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nection is very important, so that the relative healthful-Housewife, Housework, or At Home, and children, not mine, etc. statement. it should be used only when needed. As examples: the nature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will he sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return , "Laborer," For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death—In all respect to the and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphiheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Deneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc.. Carcinosis of lungs, meninges, peritonacum, etc.. Carcinosis

cause of death approved by Committee on Nomencla sepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. accidental, suicidal, or homicidal, or as probably mia," "Puerperal peritonitis," etc. State cause for childhirth or miscarriage, as "Puerperal septichaeetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras. thenia," "Anaemla" (mereiy symptomatic), "Atrophy," ture of the American Medical Association.) "Contributory." Accidental drowning; Struck by railway train-acci-LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mus," "Old Age," "Shock," "Uraemla," "Weakness," "Coilapse." "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. ample: Measles (disease causing affection need not be stated unless important. valvular heart disease; Ohronic interstitial nephritis nant neopiasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for malig oma. Sarcoma. etc., of ... The contributory (secondary or intercurrent) Aiways qualify all diseases resulting from "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of (name origin; "Candeath), 29 Never report Examples: For vio-



N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of -OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

PLACE OF DEATH		STATE OF MARYLAND
C	ounty montgomery 15613	CERTIFICATE OF DEATH
٧	illage or City Chery Chase (No. 4, 6	ward)  [It deals occurred to a hospital or institution, give its NAME instead of street and oumber.]
PERSONAL AND STATISTICAL PARTICULARS		MEDICAL CERTIFICATE OF DEATH
351	4 COLOR OR RACE STREET, MARRIED, Marriel	16 DATE OF DEATH Nov 1st (Month) (Day) (Year)
B DATE OF BIRTH  Securber 7 1839		17 I HEREBY CERTIFY, That I attended deceased from
(Month) (Day) (Year)  7 AGE    It LESS than   1 day,hrs.   ORmin. ?		and that death occurred on the date stated above, at
pa (b) bus whi	Orade, profession, or Clark Six auditor dicular kind of work Clark Six auditor denoral nature of industry, liness, or establishment in the employed (or employer)  Chica  CRITHPLACE tate or country)  Chica	Patient died offer bring siek a we (burden) withenst tos. Contributory die al attention (Secondary)
PARENTS	11 BIRTHPLACE (State or country)	(Signed) Thus Its Secretal Most, M. D.  NOV. 2 -, 191 3. (Address) Chury Character as well  *State the Disease Causing Death, or, in deaths from Violent
	12 MAIDEN NAME Betsy atwater  13 BIRTHPLACE OF MOTHER (State or country)  14 MAIDEN NAME Betsy atwater	CAUSES, State (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place 10 the 01 death yrs mos ds.
Informant) I'mauces W. Port		Where was disease contracted, If not at place of death?  Former or usual residence
16 Fil	Address) The Leave of the Registran If more blanks are needed, address State Registran	Washington DC. Nov. 4, 1913.  20 UNDERTAKER  ADDRESS  1337-10 St. Mu.
	it more plants are needed, address State Regis tra	r, s m. sranking St., Ballo., Requesting V. S. No. 1.

# REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

it should be used only when needed. cated thus: Farmer (retired 6 yrs.). For persons ness. If retired from husiness, that fact may be indiof persons engaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations duties of the household only (not paid Housekeepers additional line is provided for the latter statement; who have no occupation whatever, write None. CAUSING DEATH, state occupation at heginning of illbeen changed or given up on account of the DISEASE gainfully employed, as At school or At home. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Groecry; (a) Foreman, (b) Automobile factory. the nature of the husiness or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary Arcman, etc. But in many applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. (a) Spinner, (b) Cotton mill; (a) Salesman, cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will he sufficient, e. g., For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," Farmer or Planter, As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing frath (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercubosis of lungs, meninges, peritonaeum, etc.. Carcin-

twent, the same of my

"Contributory." childbirth or miscarriage, as "Purrereal septicharture of the American Medical Association.) cause of death approved by Committee on Nomencla injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train—accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "Puerperal peritonitis," etc. State cause for etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maraa-"Collapse." "Coma," "Convuisions," "Deblity" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis Bronchopncumonia (secondary), 10 ds. Never report nant neoplasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of is less definite; avoid use of "Tumor" for mails. The contributory (secondary or intercurrent) tetanus) may be stated under the head of Always qualify all diseases resulting from "Senile." etc.), "Dropsy," "Exhaustion," (Recommendations on statement of (name origin: "Can-Examples:



DR. TROMAS K. CONRAD 10 East Oxford Street Telephone. Cleveland 460

OFFICE HOURS: (8 TO 10 A. M. 1 P. M. 5 TO 7 P. M. SUNDAY, UNTIL 10-30 A. M.

CHEVY CHASE, MD.,...

Nov. 2nd-1913.

To The Board of Health

The accompany-

ing death certificate was issued , by me this morning , at the instance of the magistrate, Alfred Wilson, of Bethesda.

The patient had been sick two weeks and had died without medical attention, had had only suggestive or Christian Science treatment from a distant relative. I have issued the certificate, after viewing the reand hearing the statments of those present at his demise, which occurred at IO P.M. last evening.

Thod, K, leonad, M.D.

.El II-bes .vol

diffee feard of feelth

- graymones of?

ing death certificate was issued ,by me this morning, at the instance, at the maristrate, mifred bileen, of Betheeda.

The patient had been sick two weeks and had died without medical attention, had had only suggestive or fortistian Science treatment from a distant relative.

I have issued the certificate, after visuing the remains and hearing the statement of those present at his demise, which occured at IO I. T. Last evening.

F. S. No. 1.

-Every item of information should be earefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD N. B.

Co	PLACE OF DEATH unty Montgowery 15614	STATE OF MARYLAND CERTIFICATE OF DEATH Registered No. 223.			
Village or City O ahone Cark. (No. Safularium St; Ward)  *FULL NAME Benjanie Franklin Royer  [If death occurred in a hospital or institution, give its NAME instead of street and number.]					
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH			
3 SE	Wale white Strate,  Markied,  Markied,  Withoute Orbitograph  (Write the word)	(Month) (Day) (Year)			
8 D#	TE OF BIRTH  May 27, 1830  (Month) (Day) (Year)	17 I HEREBY CERTIFY. That I attended deceased from 23, 1913, to 100 /8 1913  that I last saw h wallye on 18 1913			
(a) pari		and that death occurred on the date stated above, at S.m., The CAUSE OF DEATH* was as follows:			
busin	dess, or establishment in Our business.  h employed (or employer)  RTHPLACE ate or country)  Virginia	Contributory (Secondary)			
PARENTS	10 NAME OF FATHER John Rayer.  11 BIRTHPLACE OF FATHER (State or country) Virginia.  12 MAIDEN NAME OF MOTHER OF MOTHER	(Signed)			
	13 BIRTHPLACE OF MOTHER (State or country) Virginia	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs, mos ds.			
	nformant) Reformation On's	Where was disease confracted, If not at place of death?  Former or usual residence.  19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL			
1 5 File	Nove8, 1913 Ho.E. Rogers.	Washington, D. C., Mr. 21, 181. 3 20 UNDERTAKER ADDRESS While Wrightles 1337-10st. 2mm			
	If more blanks are needed, address State Registral				

# REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. 8. Census and American Public Health Association.]

cases, especially in industrial employments, it is nec-(a) Spinner, (b) Cotton mill; (a) Salesman, (b) Groccry; (a) Foreman, (b) Automobile factory. The It should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. been changed or given up on account of the DISEASE mine, etc. material worked on may form part of the second Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

mia," "Puerperal peritonitie," etc. State cause for childbirth or miscarriage, as "Purrperal scotichoretc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemla," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asampic: Meastes (disease causing death), 29 affection need not be stated unless important. valvular heart disease; Ohronic interstitial nephritis nant neoplasms) ; Measles; Whooping cough; Chronio cer" is less definite; avoid use of "Tumor" for mails. cause of death approved by Committee on Nomenciainjury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. deut; Revolver wound of head-homicide; Polsoned Accidental drowning; Struck by railway train-accisuch, If Impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJUBY and qualify as which surgical operation was undertaken. "Heart fallure," "Haemorrhage," "Inanitlon," "Marasgenital," "Senile." etc.), "Dropsy," "Collapse." "Coma," "Convulsions," "Debility" ("Con-Bronchopncumonia (secondary), 10 ds. oma. Sarcoma. etc., of . ture of the American Medical Association.) "Contributory." scpsis, tetanus) The contributory (secondary or intercurrent) Aiways qualify all diseases resulting from (Recommendations on statement of may be stated under the head of ... (name origin; "Can-The nature of the "Exhaustion," Never report Examples:



1 PLACE OF DEATH	STATE OF MARYLAND		
15615	CERTIFICATE OF DEATH		
County Monly drully	Registered No. 222		
Village or City Silver Sping (No. Adda	St; Ward)  [If death occurred in a hospital or institution, give its NAME instead of street and number.]		
2 FULL NAME JOHN			
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
Male White the word)	16 DATE OF DEATH / Orkelle 18, 1913  (Month) (Day) (Year)  17   HEREBY CERTIFY, That I attended deceased from		
B DATE OF BIRTH			
(Month) (Day) (Year)	that I last saw h Assaulive on Nov 17 ,1913		
7 AGE If LESS than	and that death occurred on the date stated above, at 4. Zea, m.		
49 yrs 10 mas. 4 ds. 1 day, hrs. or min.?	The CAUSE OF DEATH* was as follows:		
8 OCCUPATION (a) Trade, profession, or	Tubriculous of Kidneys		
particular kind of work			
business, or establishment in	(Duration)		
which employed (or employer)  BIRTHPLACE (State or country)	(Secondary)		
10 NAME OF John adam Diagene	(Signed) (Duration) yrs. mos. ds.		
V) 11 BIRTHPLASE OF FATUER Z (State or country)	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT		
OF FATTER (State or country) Services  2 Maiden NAME of MOTHER of Assertamable	CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,		
13 BIRTHPLACE OF MOTHER (State or country)	OR RECENT RESIDENTS) At place in the of death yrs, mos ds. State yrs, mos ds.		
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death?		
(Informant) Miss grace I kageser	Former or usual residence		
(Address) Silver Springs Md.	Washington C Lon 21, 1913		
Filed November 19, 191.3 Ja St Howlett.	20 UNDERTAKER OSEM HOUSE Wash DC.		
If more blanks are needed, address State Registra, 6 E. Franklin St., Balto., Requesting V. S. No. 1.			

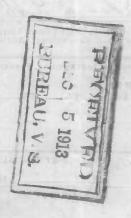
# REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as duties of the household only (not pald Housekeepers who have no occupation whatever, write None. heen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication, as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Groccry; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement the nature of the business or industry, and therefore an Civil engineer, Stationary freman, etc. But in many applies to each and every person, irrespective of age. (a) Spinnor, it should be used only when needed. essary to know cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., ness of various pursuits can be known. The question tion is very important, so that the relative healthful-For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," (b) Cotton mill; (a) Salesman, (a) the kind of work and also (b) If the occupation has Farmer or Planter, As examples: For persons

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhold pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc., Carcin-

ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATES State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "Puerperal septichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the inus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 ds.; valvular heart disease; Chronic interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronio cer" is less definite; avoid use of "Tumor" for mallgmere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. Bronchopneumonia (secondary), 10 ds. Never report oma. Sarcoma. etc., of ..... The contributory tetanus) (Recommendations on statement of may be stated under the head (secondary or intercurrent) "Dropsy," "Exhaustion," (name origin; "Can-State cause for Examples: For VIO-01



V. S. No. 1.

N

of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state TDEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very See instructions on back of certificate. RECORD PERMANENT WRITE PLAINLY, WITH UNFADING INK-THIS IS A CAUSE OF I

Village or City Hyaltatown (No. 2	STATE OF MARYLAND CERTIFICATE OF DEATH  Registration Dist. No.  St.; Ward)  [It death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE MARRIED, Jung 1/2 WIDOWED, OR DIVORCED Write the word) 6 DATE OF BIRTH  4 COLOR OR RACE MARRIED, Jung 1/2 Widowed, Write the word)  4 COLOR OR RACE MARRIED, Jung 1/2 Widowed, Widowed, Write the word)	16 DATE OF DEATH  (Month)  (Day  (Year)  17  I HEREBY CERTIFY, That I attended deceased from 191, 191
(Month) (Day (Year)  7 AGE  If LESS than 1 day,hrs. ORmin.?  6 OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry,	and that death occurred on the date stated above, at m, The CAUSE OF DEATH* was as follows:  The Physician of Mendania
business, or establishment in which employed (or employer)  BIRTHPLACE (State or country)	Contributory Secondary
1D NAME OF FATHER  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER	(Signed)
13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)  (Informant)	LENGTH OF RESIDENCE (FOR HOSPITALE, INSTITUTIONS, TRANSIENTE, OR RECENT RESIDENTS) At place in the ot death
(Address) 15 Filed Party 6, 191 & Dacely	HARTSTOWN MA STATE OF BURIAL 29 UNDERTAKER ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S No. 1.

REGISTRAR

# REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

cated thus: duties of the household only (not paid Housekeepers who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second additional line is provided for the latter statement; been changed or given up on account of the disease Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," Farmer (retired 6 yrs.) For persons

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

childbirth or miscarriage as "Puerperal septichaemia," "Puerperal peritonitis," etc. State cause for ture of the American Medical Association.) scpsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: ctc., when a definite disease can be ascertained as the mus," "Old Agc," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart discase; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Cancause of death approved by Committee on Nomencla-"Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For vio-Accidental drowning; Struck by railway train-acci-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Meastes (disease causing death), 29 ds.; "Senile," etc.), "Dropsy," "Exhaustion, (Recommendations on statement of

